

Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway-21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark <i>9.26.10</i>	Date Received <i>9.26.10</i>	Notification <i>218341</i>
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : Emergency ✓			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: Westchester Medical Center			
Address: 95 Grasslands Road			
City:Valhalla	State: New York	ZIP: 10595	
Contact: Christopher Leonardi			Tel: 914-337-8146
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island	State: New York	ZIP: 10309	
Contact: John Tardy			Tel: 718-605-6256
Address:			
OTHER OPERATOR:			
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R / Asbestos Removal Only			
IV. IS ASBESTOS PRESENT? (Yes/No): yes			
V FACILITY DESCRIPTION (include building name, number and floor or room number): Radiology Department			
Building: Westchester Medical Center			
Address: 95 Grasslands Road			
Address:			
City Valhalla	State: New York	County: Westchester	
Site Location: Westchester Medical Center			
Building Size	SqMeter:	SqFt: 100000	# of Floors: Age in Years 50+
Present Use: Hospital		Prior Use: Hospital	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed Category II	Non-friable Asbestos Material not to be removed Category I	
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet	2500		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 8/25/2010 Completion:12/31/2010			
X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
N/A

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Negative air machines under HEPA filtration system. Wet Methods.

XII. WASTE TRANSPORTER #1

Name: Express Waste Services

Address: 614 Frelinghuysen Avenue

City: Newark

State: New Jersey

ZIP: 07114

Contact Person:

Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Cumberland County Landfill

Address:

City: Newburg

State: PA

ZIP: 17242

Telephone: 717 423-5917

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: N/A

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

 John Tardy
Signature of Owner/Operator Project Manager

8/24/2010

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

 John Tardy
Signature of Owner/Operator Project Manager

8/24/2010

Date